## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDEN  LERNER, DAVID, LIT' 600 South Avenue West Westfield, New Jersey (	Fee(s) Tra papers. Ea have its ov  I hereby c States Pos addressed transmittec  Ar			ttal. This certificate cannot be ditional paper, such as an as a trificate of mailing or transm Certificate of Mailing or that this Fee(s) Transmittal ervice with sufficient postage	r Transmission is being deposited with the United for first class mail in an envelope address above, or being facsimile		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		OR	ATTORNEY DOCKET N	O. CONFIRMATION NO.	
10/572,346	01/17/2007	01/17/2007		Mats Ingvar Davidson		ALBIHN W 3.3-464	7514
TITLE OF INVENTION: PRODUCT CARRIER AND TRANSPORT DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755.00		\$300.00		\$1,055.00	07/06/2009
EXAMI	EXAMINER AI		NIT	CLASS-S	UBCLASS		
W. R. Harp		365	1	198-3	70040		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRI			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  **TED ON THE PATENT (print or type)**  **Lerner, David, Littenberg, Krumholz & Mentlik, LLP**  **Mentlik, LLP**  **Mentlik, LLP**  **In the part of the patent of the pat				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Eton Systems AB  Sweden  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity  Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
X Issue Fee	A check in the amount of the fee(s) is enclosed.						
X Publication Fee (No small entity discount permitted)  Advance Order -# of Copies			Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095				
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
	Publication Fee (if require	d) will not be ac	cepted from a			viously paid issue fee to the ap nt; a registered attorney or age	oplication identified above. ent; or the assignee or other party in
Authorized Signature /Arnold F			. Krumholz/			Date	July 2, 2009
Typed or printed name Arnold F			I. Krumholz			Registration No.	
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